

**Interim Designation of Agent to Receive Notification  
of Claimed Infringement**

**Full Legal Name of Service Provider:** Augusta State University

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** \_\_\_\_\_

**Address of Service Provider:** 2500 Walton Way, Augusta Ga. 30904-2200

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Jeff Heck

**Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):** Reese Library, 2500 Walton Way, Augusta Ga. 30904-2200

**Telephone Number of Designated Agent:** (706)667-4905

**Facsimile Number of Designated Agent:** (706)667-4415

**Email Address of Designated Agent:** jheck@aug.edu

**Signature:** \_\_\_\_\_ **Representative of the Designating Service Provider:**  
**Date:** Apr. 11, 2000

**Typed or Printed Name and Title:** Jeff Heck, Automation Librarian

**Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee Made Payable to the Register of Copyrights.**

**RECEIVED**

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